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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF NEW YORK	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Theresa First name A. Middle name Lefavber Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	FKA Theresa A. Worden	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2196	

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Debtor 1 Theresa A. Lefavber

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)
		EINs	EINs
5.	Where you live	897 Route 17k	If Debtor 2 lives at a different address:
		Montgomery, NY 12549 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Orange	0
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1	Theresa A. Lefavber	Py 3 01 07	Case number (if known)

Par	t 2: Tell the Court About	Your Ba	ankruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are				n of each, see Notice Required by of page 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankru e box.	ıptcy	
	choosing to file under	■ Chapter 7						
		□ Ch	napter 11					
		☐ Ch	napter 12					
		☐ Ch	napter 13					
8.	How you will pay the fee		about how yo	u may pay. Туր attorney is sub	pically, if you are paying the fee yo	k with the clerk's office in your local court for more urself, you may pay with cash, cashier's check, or alf, your attorney may pay with a credit card or che	money	
				pay the fee in installments. If you choose this option, sign and attach the <i>Application for Individu</i> Fee in Installments (Official Form 103A).				
						n only if you are filing for Chapter 7. By law, a judg ur income is less than 150% of the official poverty		
			applies to you	ur family size a	nd you are unable to pay the fee ir	installments). If you choose this option, you must		
			the <i>Application</i>	on to Have the	Chapter 7 Filing Fee Waived (Offic	ial Form 103B) and file it with your petition.		
9.	Have you filed for bankruptcy within the	■ No	·					
	last 8 years?	☐ Ye	S.					
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being	■ No	1					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Ye	s.					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
44	Da was want was		0- 4-1	in a 40				
11.	Do you rent your residence?	■ No						
		☐ Ye	s. Has yo	ur landlord obt	ained an eviction judgment agains	t you?		
				No. Go to line	12.			
				Yes. Fill out Ir. this bankrupto		<i>ludgment Against You</i> (Form 101A) and file it as p	art of	

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Pg 4 of 67 Debtor 1 Theresa A. Lefavber Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor Go to Part 4. of any full- or part-time No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

immediate attention?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Theresa A. Lefavber

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2	(Spouse	Only in a	Joint	Case):
-----------------------	---------	-----------	-------	--------

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Theresa A. Lefavk	er			Case number	(if known)
Part	6: Answer These Quest	ions for R	eporting Purposes			
16.	What kind of debts do you have?	16a.	Are your debts primarily co			ned in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.			
			Yes. Go to line 17.			
		16b.	Are your debts primarily but money for a business or inve			
			☐ No. Go to line 16c.			
			☐ Yes. Go to line 17.			
		16c.	State the type of debts you o	we that are not consum	ner debts or business	s debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	7. Go to line 18.		
	Do you estimate that after any exempt property is excluded and administrative expenses	■ Yes.	are paid that funds will be av			erty is excluded and administrative expenses
	are paid that funds will be available for distribution to unsecured creditors?		■ No			
			☐ Yes			
18.	How many Creditors do	□ 1-49		□ 1,000-5,000		1 25,001-50,000
	you estimate that you owe?	50-99		☐ 5001-10,000		☐ 50,001-100,000
		□ 100-1 □ 200-9		☐ 10,001-25,00)()	☐ More than100,000
19.	How much do you	\$ 0 - \$	550,000	□ \$1,000,001 -	\$10 million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 □ \$50,000,001		□ \$1,000,000,001 - \$10 billion
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 □ \$100,000,00		☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
20.	How much do you	□ \$0 - \$	550,000	□ \$1,000,001 -	\$10 million	☐ \$500,000,001 - \$1 billion
	estimate your liabilities to be?		001 - \$100,000	\$10,000,001		\$1,000,000,001 - \$10 billion
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 □ \$100,000,00		☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
Part	7: Sign Below					
For	you	I have ex	camined this petition, and I dec	clare under penalty of po	erjury that the inform	nation provided is true and correct.
						under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.
			rney represents me and I did r nt, I have obtained and read the			an attorney to help me fill out this
		I request	relief in accordance with the c	chapter of title 11, Unite	d States Code, spec	cified in this petition.
		bankrupt and 357	cy case can result in fines up t 1.			r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Theres	resa A. Lefavber a A. Lefavber e of Debtor 1		Signature of Debtor	2
		Executed	d on April 19, 2019		Executed on MM	/ DD / YYYY

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Debtor 1 Theresa A. Lefavber Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ George C. Selby	Date	April 19, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
George C. Selby		
Printed name		
Selby Legal		
Firm name		
243 Main St. Suite 250		
New Paltz, NY 12561		
Number, Street, City, State & ZIP Code		
Contact phone 845-419-3383	Email address	selbylegal@gmail.com
5311881 NY		
Bar number & State		

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Fill in this infor	mation to identify your	case:			
Debtor 1	Theresa A. Lefavi	oer			
	First Name	Middle Name	Last Name	·	
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name	_	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF NEW YORK		
Case number					
(if known)					Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

you	original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		·
Par	t 1: Summarize Your Assets		
		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	26,957.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	26,957.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	30,065.34
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	29,006.00
	Your total liabilities	\$	59,071.34
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,550.82
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,544.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a	a personal,	family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

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Debtor 1 Theresa A. Lefavber

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.

6,689.06 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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	3	Pa 10 of 67			
Fill in this	s information to identify your case a	and this filing:			
Debtor 1	Theresa A. Lefavber				
Debtor 2	First Name	Middle Name Last Name			
Spouse, if fil	ling) First Name	Middle Name Last Name			
Jnited Sta	ates Bankruptcy Court for the: SOU	THERN DISTRICT OF NEW YORK			
_					
Case num	nber			☐ Check if this is an amended filing	
				amended ming	
٠	-L E 400				
_	al Form 106A/B				
Sche	dule A/B: Propert	У		12/15	
nformation Inswer eve	n. If more space is needed, attach a sepa ery question.	ossible. If two married people are filing together, both ar rate sheet to this form. On the top of any additional page, or Other Real Estate You Own or Have an Interest In			
. Do you d	own or have any legal or equitable intere	est in any residence, building, land, or similar property?			
■ No. G	So to Part 2.				
☐ Yes.	Where is the property?				
Part 2: Do	escribe Your Vehicles				
□ No ■ Yes					
3.1 Mal		Who has an interest in the property? Check one	the amount of any secure	o not deduct secured claims or exemptions. Put ne amount of any secured claims on <i>Schedule D</i> :	
Mo		Debtor 1 only	Creditors Who Have Clair	ms Secured by Property.	
Yea Apr	ar: 2019 proximate mileage: 12000	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?	
	ner information:	☐ At least one of the debtors and another	onino proporty.	portion you out	
		Check if this is community property (see instructions)	\$26,333.00	\$26,333.00	
3.2 Mai	ke: Hyundai del: Tiburion	Who has an interest in the property? Check one Debtor 1 only	Do not deduct secured cl the amount of any secure Creditors Who Have Clai.	ed claims on Schedule D:	
Yea		Debtor 2 only	Current value of the	Current value of the	
App	proximate mileage: 145000	Debtor 1 and Debtor 2 only	entire property?	portion you own?	
	ner information:	☐ At least one of the debtors and another			
No	t Running - broken engine	Check if this is community property (see instructions)	\$200.00	\$200.00	
			accessories	, <u> </u>	

Official Form 106A/B Schedule A/B: Property page 1

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Debto	Theresa A. Lefavbe	r	Case number (if known)	
		ion you own for all of your entries from Part 2, incl art 2. Write that number here		\$26,533.00
Part 3:	: Describe Your Personal and I	dousehold Items		
		equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Ex.		gs iture, linens, china, kitchenware		duling of exemptions.
	Blend	er		\$12.00
Ex	including cell phones,	s; audio, video, stereo, and digital equipment; compute cameras, media players, games	ers, printers, scanners; music co	llections; electronic devices
Ex	other collections, men	s; paintings, prints, or other artwork; books, pictures, or norabilia, collectibles	r other art objects; stamp, coin, o	or baseball card collections;
Ex.	musical instruments	ies exercise, and other hobby equipment; bicycles, pool to	ables, golf clubs, skis; canoes ar	nd kayaks; carpentry tools;
<i>E</i>	,	ns, ammunition, and related equipment		
	xamples: Everyday clothes, ful	rs, leather coats, designer wear, shoes, accessories		
	Clothi	ng for debtor and children		\$300.00
	<i>xamples:</i> Everyday jewelry, co	stume jewelry, engagement rings, wedding rings, heirl	loom jewelry, watches, gems, go	old, silver
	1 nec	klace		\$100.00
E	on-farm animals ixamples: Dogs, cats, birds, ho No Yes. Describe	rses		
	•	hold items you did not already list, including any h	nealth aids you did not list	

Official Form 106A/B Schedule A/B: Property page 2

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				Pg 12 01 67		
Del	otor 1	Theresa A. Lefavber			Case number (if known)	
15.		e dollar value of all of your t 3. Write that number here		including any entries for pa	ges you have attached	\$412.00
Par	t 4: Desc	cribe Your Financial Assets				
Do	you owr	n or have any legal or equit	able interest in any	of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
ı	No	es: Money you have in your v		n a safe deposit box, and on h	nand when you file your petition	n
				certificates of deposit; shares the same institution, list each.		ouses, and other similar
_	_			Institution name:		
		17.1. C a	ırd	AMEX prepaid Debit car	rd	\$12.00
I 19.	Example No Yes Non-put joint ve	Inst	ccounts with brokera tution or issuer name	ge firms, money market accou		in an LLC, partnership, and
L	→ Yes. (Give specific information abo Name c			% of ownership:	
ı	Negotia Non-neg ■ No	ble instruments include perso	onal checks, cashiers e you cannot transfer t them	e and non-negotiable instrur ' checks, promissory notes, an to someone by signing or deli	nd money orders.	
	Example 	ent or pension accounts es: Interests in IRA, ERISA, I	Keogh, 401(k), 403(b	, thrift savings accounts, or oth	her pension or profit-sharing p	lans
	■ No □ Yes. L	ist each account separately. Type of ac	count:	Institution name:		
_	Your sha Example		u have made so that	you may continue service or u c utilities (electric, gas, water),		es, or others
	■ No □ Yes			Institution name or individual	l:	
23.	Annuitie		ayment of money to	you, either for life or for a numb		
	■ No □ Yes	Issuer name ar	d description.			
- 2	26 U.S.C	in an education IRA, in an . §§ 530(b)(1), 529A(b), and		ed ABLE program, or under	a qualified state tuition prog	gram.
	■ No □ Yes	Institution name	and description. Se	parately file the records of any	interests.11 U.S.C. § 521(c):	

Official Form 106A/B Schedule A/B: Property page 3

☐ Yes.....

Pg 13 of 67 Case number (if known) Debtor 1 Theresa A. Lefavber 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No The Yes, Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No

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Official Form 106A/B Schedule A/B: Property page 4

☐ Yes. Give specific information..

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Debtor	Theresa A. Lefavber		Case number (if known)	
	dd the dollar value of all of your entries from Part 4, includin or Part 4. Write that number here		, ,	\$12.00
Part 5:	Describe Any Business-Related Property You Own or Have an Inter	rest In. List any real esta	ate in Part 1.	
37. Do y	you own or have any legal or equitable interest in any business-relate	ed property?		
No	o. Go to Part 6.			
□ Ye	es. Go to line 38.			
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	ı Own or Have an Interes	st In.	
46. Do	you own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You	u Did Not List Above		
	you have other property of any kind you did not already list	?		
	, , ,			
	es. Give specific information			
54. A	dd the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			
55. P	art 1: Total real estate, line 2			\$0.00
56. P	art 2: Total vehicles, line 5	\$26,533.00		· · · · · · · · · · · · · · · · · · ·
57. P	art 3: Total personal and household items, line 15	\$412.00		
58. P	art 4: Total financial assets, line 36	\$12.00		
59. P	art 5: Total business-related property, line 45	\$0.00		
60. P	art 6: Total farm- and fishing-related property, line 52	\$0.00		
61. P	art 7: Total other property not listed, line 54 +	\$0.00		
62. T	otal personal property. Add lines 56 through 61	\$26,957.00	Copy personal property total	\$26,957.00
63. T	otal of all property on Schedule A/B. Add line 55 + line 62			\$26,957.00

Official Form 106A/B Schedule A/B: Property page 5

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				0T b /		
Fill	I in this information to identify your case:					
De	btor 1 Theresa A. Lefavber First Name N	fiddle Name		.ast Name		
De	btor 2	niddle Name		ast name		
(Spo	ouse if, filing) First Name N	liddle Name	L	ast Name		
Un	ited States Bankruptcy Court for the: SOUT	HERN DISTRICT OF	NEW	YORK		
	se number				☐ Check if this is an amended filing	
_	W					
	fficial Form 106C					
S	chedule C: The Proper	ty You Cla	<u>iim</u>	as Exempt	4/19	
the nee	as complete and accurate as possible. If two m property you listed on <i>Schedule A/B: Property</i> ded, fill out and attach to this page as many coe number (if known).	(Official Form 106A/B)	as yo	our source, list the property that you	claim as exempt. If more space is	
spe any func exe	each item of property you claim as exempt, cific dollar amount as exempt. Alternatively applicable statutory limit. Some exemption ds—may be unlimited in dollar amount. How mption to a particular dollar amount and the he applicable statutory amount.	y, you may claim the f is—such as those for vever, if you claim an	ull fai heal exen	ir market value of the property be th aids, rights to receive certain b nption of 100% of fair market valu	ing exempted up to the amount of penefits, and tax-exempt retirement up under a law that limits the	
Pa	rt 1: Identify the Property You Claim as E	xempt				
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.		
	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)		
	■ You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)				
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.		
	Brief description of the property and line on	Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that all				
	Schedule A/B that lists this property	copy the value from Check only one box for each exemption Schedule A/B		eck only one box for each exemption.		
	2008 Hyundai Tiburion 145000 miles Not Running - broken engine	\$200.00		\$200.00	11 U.S.C. § 522(d)(2)	
	Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit		
	Clothing for debtor and children	\$300.00		\$300.00	11 U.S.C. § 522(d)(3)	
	Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit		
	1 necklace	\$100.00		\$100.00	11 U.S.C. § 522(d)(4)	
	Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit		
	Card: AMEX prepaid Debit card	\$12.00		\$12.00	11 U.S.C. § 522(d)(5)	
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3 No Yes. Did you acquire the property covered No	3 years after that for ca	ises fi	ŕ	,	

Official Form 106C

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Debtor 1 Theresa A. Lefavber Case number (if known)

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10 000	5 12 0g.11 D00	Pn 1	17 of 67	, 10.01.2	i iiiaiii Boodi	110110
Fill in this inform	nation to identify you					
Debtor 1	Theresa A. Lefa	vber				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the	SOUTHERN DISTRICT OF NE	EW YORK			
Case number						
(if known)						if this is an ded filing
						3
Official Form	<u>106D</u>					
Schedule	D: Creditors	Who Have Claims	Secured	by Propert	у	12/15
s needed, copy the number (if known).	Additional Page, fill it	If two married people are filing togeth out, number the entries, and attach it				
`	have claims secured by		raahadulaa Va	u hava nathing also t	a rapart on this form	
_	all of the information	his form to the court with your other	scriedules. You	u nave notning else t	o report on this form.	
		Delow.				
	I Secured Claims			Column A	Column B	Column C
for each claim. If me	ore than one creditor has	more than one secured claim, list the cre s a particular claim, list the other creditor cal order according to the creditor's nam	s in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Chrysler C	Capital	Describe the property that secures	the claim:	\$30,065.34	\$26,333.00	\$3,732.34
Creditor's Name	3	2019 Jeep Cherokee 12000	miles			
Attn: Banl POB 9612 Fort Wortl		As of the date you file, the claim is: apply. Contingent	Check all that			
Number, Street,	City, State & Zip Code	Unliquidated				
Who owes the de	bt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such as car loan)	mortgage or secu	ıred		
Debtor 1 and De	ebtor 2 only	Statutory lien (such as tax lien, me	echanic's lien)			
_	ne debtors and another	☐ Judgment lien from a lawsuit	onariio o iiori)			
Check if this cla	aim relates to a	☐ Other (including a right to offset)				
Date debt was incu	ırred	Last 4 digits of account num	ber			
Add the deller ve	due of your entries in C	column A on this page. Write that num	hor horo	\$30,06	\$5.24	
	•	the dollar value totals from all pages.				
Write that number				\$30,06	03.34	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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			Pa 18 of 67		
Fill in this info	ormation to identify your	case:			
Debtor 1	Theresa A. Lefavi	her			
20010	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF NEW YORK		
Office Otates	Burnitapitoy Court for the.				
Case number					
(if known)					check if this is an
				a	mended filing
O4:-:-1 E-	400E/E				
	rm 106E/F				
<u>Schedule</u>	E/F: Creditors W	ho Have Unsecu	ured Claims		12/15
Schedule G: Exe Schedule D: Cre left. Attach the C name and case I	ecutory Contracts and Unexp ditors Who Have Claims Sec Continuation Page to this pag number (if known).	ired Leases (Official Form 1 ured by Property. If more sp e. If you have no informatio	. Also list executory contracts on Sc 106G). Do not include any creditors w pace is needed, copy the Part you ne- on to report in a Part, do not file that I	vith partially secured claims ed, fill it out, number the en	that are listed in tries in the boxes on the
	t All of Your PRIORITY Un				
•	ditors have priority unsecure	d claims against you?			
No. Go t	o Part 2.				
☐ Yes.					
Part 2: List	t All of Your NONPRIORIT	Y Unsecured Claims			
3. Do any cred	ditors have nonpriority unsec	ured claims against you?			
□ No. You	have nothing to report in this p	art. Submit this form to the co	ourt with your other schedules		
	nave nearing to report in the p	art. Cubinit tino form to the co	art war your outer concause.		
Yes.					
unsecured of	claim, list the creditor separately	/ for each claim. For each clai	der of the creditor who holds each claim listed, identify what type of claim it is 3.If you have more than three nonpriority	. Do not list claims already inc	cluded in Part 1. If more
					Total claim
4.1 Alltra	n Financial LP	Last A dinite	s of account number		\$832.00
	ority Creditor's Name		or account number		φο32.00
Attn:	Bankruptcy	When was t	he debt incurred?		
200 1	4th Ave. East				
	II, MN 56377		are a file of a data to OL II II II	1	
	er Street City State Zip Code ncurred the debt? Check one.	As of the da	ate you file, the claim is: Check all that	t apply	
_		_			
■ Deb	otor 1 only	☐ Continge	nt		
☐ Deb	otor 2 only	☐ Unliquida	ated		
☐ Deb	otor 1 and Debtor 2 only	☐ Disputed			
☐ At le	east one of the debtors and and	other Type of NO	NPRIORITY unsecured claim:		
☐ Che	eck if this claim is for a comi	nunity	oans		
debt			ns arising out of a separation agreemer	nt or divorce that you did not	
Is the o	claim subject to offset?	report as price			
■ No		☐ Debts to	pension or profit-sharing plans, and oth	er similar debts	
☐ Yes	3	■ Other Sr	pecify LVNV		
33		— Other. 5			-

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Debto	Theresa A. Lefavber	Case number (if known)	
4.2	Bank of America	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 9000 Getzville, NY 14068-9000	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.3	Bioreference Labs Nonpriority Creditor's Name	Last 4 digits of account number	\$101.00
	PO Box 21134	When was the debt incurred?	
	New York, NY 10087-1134	<u> </u>	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.4	Capital One	Last 4 digits of account number	\$423.00
	Nonpriority Creditor's Name 1500 Capital One Dr	When was the debt incurred?	
	Richmond, VA 23236 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the stain is. Oncok all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify	

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Deblo	I neresa A. Letavber	Case number (# known)	
4.5	Central Hudson	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name Attn: Bankrutpcy 284 South Avenue Poughkeepsie, NY 12601	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
4.6	Citizens Bank Nonpriority Creditor's Name POB 7000	Last 4 digits of account number When was the debt incurred?	Unknown
	Providence, RI 02940 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.7	Collection Bureau of HV Nonpriority Creditor's Name	Last 4 digits of account number	\$421.00
	Attn: Bankruptcy 155 North Plank Rd. Newburgh, NY 12550	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other, Specify	

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Debto	Theresa A. Lefavber	Case number (if known)	
4.8	Comenity Bank	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name One Righter Pkwy Suite 100 Wilmington, DE 19803	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	Yes	Other. Specify	
4.9	Comenity/ABCR&FCH Nonpriority Creditor's Name	Last 4 digits of account number	\$339.00
	POB 182789 Columbus, OH 43218	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other. Specify	
4.1 0	ComenityCapital/Game Nonpriority Creditor's Name	Last 4 digits of account number	\$465.00
	POB 182120 Columbus, OH 43218	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	

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Debtor	1 Theresa A. Lefavber	Case number (if known)	
4.1	Commonwealth Financial	Last 4 digits of account number	\$1,650.00
	Nonpriority Creditor's Name 245 Main St. Dickson City PA 18510	When was the debt incurred?	
	Dickson City, PA 18519 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts 	
	☐ Yes	Other. Specify	
4.1	Credit Collection Services Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	725 Canton St. Norwood, MA 02062	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	PO Box 60500 City of Industry, CA 91716-0500 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify	

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Case number (if known)

Ineresa A. Letavber	Case number (if known)	
Crystal Run Medical ServicesPC	Last 4 digits of account number	\$369.00
Nonpriority Creditor's Name 236 Crystal Run Road Middletown, NY 10941-4061	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify	
Diversified Consulatants INC	Last 4 digits of account number	\$460.00
Nonpriority Creditor's Name 10550 Deerwood Blvd Ste. 309 Jacksonville, FL 32256	When was the debt incurred?	,
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
First Natl Credit CA	Last 4 digits of account number	\$493.00
Nonpriority Creditor's Name 500 E 60th St. N Sioux Falls, SD 57104	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	□ Unliquidated	
☐ Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Other Specify	

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1 Theresa A. Lefavber	Case number (if known)	
First PREMIER Bank	Last 4 digits of account number	\$887.00
Nonpriority Creditor's Name		Ψ007.00
3820 N Louise Ave.	When was the debt incurred?	
Sioux Falls, SD 57107		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐Yes	Other. Specify	
HSBC Bank USA, NA	Last 4 digits of account number	Unknown
Nonpriority Creditor's Name		
POB 9	When was the debt incurred?	
Buffalo, NY 14240		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<u></u>		
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
CSystem	Last 4 digits of account number	\$1,395.00
Nonpriority Creditor's Name		
444 Highway96 East	When was the debt incurred?	
Saint Paul, MN 55164-0378		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
<u></u>		
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
\square Check if this claim is for a community	Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□Yes	Other, Specify	

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Case number (# known)

Debioi	I neresa A. Letavber	Case number (if known)	
4.2	Internal Revenue Service	Last 4 digits of account number	\$9,650.00
	Nonpriority Creditor's Name Centralized Insolvency Ops P.O. Box 7346	When was the debt incurred?	
	Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No □ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
4.2	<u> </u>		
1	Nonpriority Creditor's Name 375 Ghent Rd	Last 4 digits of account number When was the debt incurred?	Unknown
	Akron, OH 44333 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
4.2	Keybank	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name Attn: Bankruptcy POB 94955	When was the debt incurred?	
	Cleveland, OH 44101-4955 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

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Case number (# known)

Debio	Ineresa A. Letavber	Case number (if known)	
4.2	Kohls Nonpriority Creditor's Name	Last 4 digits of account number	\$1,630.00
	Attn: Bankruptcy POB 3115 Milwaukee, WI 53201	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2	LVNV Funding LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$832.00
	200 Meeting Street, Ste #206 Greenville, SC 29601	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2 5	Mid America Bank	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 502 E Main St Linn, MO 65051	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	□ Ves	Other Specific	

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Case number (if known)

Debt	or 1 Theresa A. Lefavber	Case number (if known)	
4.2	MidHudson Valley FCU	Last 4 digits of account number	Unknown
6	Nonpriority Creditor's Name	Last 4 digits of account number	Olikilowii
	PO Box 1429	When was the debt incurred?	
	Kingston, NY 12401		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2	Midland Credit	Last 4 digits of account number	Unknown
7	Nonpriority Creditor's Name		
	Attn: Bankruptcy	When was the debt incurred?	
	POB 340		
	Waite Park, MN 56387-0340 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2 8	Midland Credit Mgmt. INC	Last 4 digits of account number	\$2,300.00
0	Nonpriority Creditor's Name		+= ,=====
	2365 Northside Dr. Ste 300 San Diego, CA 92108	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other Specify	

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Case number (# known)

Debioi	I neresa A. Letavber	Case number (if known)	
4.2	Midland Funding LLC	Last 4 digits of account number	\$658.00
9	Nonpriority Creditor's Name		***************************************
	POB 2001	When was the debt incurred?	
	Warren, MI 48090		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<u>_</u>	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.3	Midland Funding LLC		¢465.00
0	Midland Funding LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$465.00
	POB 2001	When was the debt incurred?	
	Warren, MI 48090		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify Comenity	
_			
4.3 1	Milestone Credit Card	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name Genesis FS Card Services	When was the debt incurred?	
	POB 84059 Columbus, GA 31908-4059		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
	- 103	■ Other, Specify	

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Debtor	1 Theresa A. Lefavber	Case number (if known)	
4.3	ML Zager PC	Last 4 digits of account number	\$167.00
	Nonpriority Creditor's Name 461 Broadway Monticello, NY 12701	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.3	Nations Recovery Solution	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name POB 322 Lockport, NY 14095-0322	When was the debt incurred?	
-	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.3	NYS Dept. Taxation & Finance	Last 4 digits of account number	\$600.00
	Nonpriority Creditor's Name P.O. Box 5300 Albany, NY 12205-0300	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify	

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Theresa A. Lefavber	Case number (if known)	
NYS Thruway	Last 4 digits of account number	Unknown
Nonpriority Creditor's Name Violations Processing Center POB 15186	When was the debt incurred?	
Albany, NY 12212-5186 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
NYS Thruway Authority Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
c/o Linebarger Goggan LLP 61 Broadway Suite 2600 New York, NY 10006	When was the debt incurred?	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
Orange Regional Medical Center	Last 4 digits of account number	Unknown
Nonpriority Creditor's Name 707 E Main St	When was the debt incurred?	
Middletown, NY 10940 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
□Yes	Other. Specify	

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Debtor	1 Theresa A. Lefavber	Case number (if known)	
4.3	Port Authority NY&NJ	Last 4 digits of account number	Unknown
8	Nonpriority Creditor's Name		
	Payment Processing Center	When was the debt incurred?	
	POB 15183		
	Albany, NY 12212-5183 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is. Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	_		
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.3	Double December Acceptates		¢0.00
9	Portfolio Recovery Associates Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	POB 12914	When was the debt incurred?	
	Norfolk, VA 23541		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
4.4	Progessive Leasing	Last 4 digits of account number	\$500.00
0	Nonpriority Creditor's Name		
	256 West Data Dr Draper, UT 84020	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify	

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Debt	or 1 Theresa A. Lefavber	Case number (if known)	
4.4 1	Southwest Credit	Last 4 digits of account number	\$469.00
<u> </u>	Nonpriority Creditor's Name 4120 InternationalPkwySte1100 Carrollton, TX 75007-4006	When was the debt incurred?	• • • • • • • • • • • • • • • • • • • •
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.4 2	Spectrum Time Warner	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name		
	Attn: Bankruptcy 4145 S. Falkenburg Rd. Riverview, FL 33578-8652	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.4 3	Sprint	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 6200 Sprint Parkway	When was the debt incurred?	
	Overland Park, KS 66251 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify	

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or 1 Theresa A. Lefavber	Case number (if known)	
St Luke's Cornwall Hospital	Last 4 digits of account number	Unknown
Nonpriority Creditor's Name 70 Dubois St.	When was the debt incurred?	
Newburgh, NY 12550		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	_	
■ Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt	_	
Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
Surge Card	Last 4 digits of account number	\$500.00
Nonpriority Creditor's Name		
POB 3220 Buffalo, NY 14240-3220	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify	
Comphagnic Book		Unknown
Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
Attn: Bankruptcy	When was the debt incurred?	
PO Box 965004		
Orlando, FL 32896-5004 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim is. Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other Specify	

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Case number (if known)

Jebi	I neresa A. Letavber	Case number (if known)	
4.4 7	Synchrony Bank/Amazon	Last 4 digits of account number	\$1,231.00
	Nonpriority Creditor's Name POB 965015	When was the debt incurred?	
	Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
1.4	TD Bank	Last 4 digits of account number	\$2,169.00
<u> </u>	Nonpriority Creditor's Name		· ,
	Attn: Bankruptcy	When was the debt incurred?	
	2 Great Oak Ln		
	Pleasantville, NY 10570 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	7.6 of the date you me, the stantille. Officer an wat apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<u> </u>	☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify TARGET	
1.4	The Bank of Missouri	Last 4 digits of account number	Unknown
, ,	Nonpriority Creditor's Name		
	POB 4499	When was the debt incurred?	
	Beaverton, OR 97076	As of the date you file, the claim is: Check all that apply	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	□ Continued	
	_ ,	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	

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Debtor	Theresa A. Lefavber	Case number (if known)				
4.5	Total Visa/MidAmerica Bank	Last 4 digits of account number	Unknown			
0	Nonpriority Creditor's Name					
	POB 85710	When was the debt incurred?				
	Sioux Falls, SD 57118-5710	ux Falls, SD 57118-5710				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts				
	Yes					
4.5	Transworld Systems, Inc		Unknown			
1	Nonpriority Creditor's Name	Last 4 digits of account number	Ulikilowii			
	5626 Frantz Rd.	When was the debt incurred?				
	Dublin, OH 43017					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	- '				
	<u>_</u>	□ Student loans				
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify				
4.5	Verizon	Last 4 digits of account number	Unknown			
	Nonpriority Creditor's Name	When was the debt incurred?				
	140 West St. New York, NY 10013	Wileli was tile debt illedited :				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	1 and Debtor 2 only				
	☐ At least one of the debtors and another	•				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts				
	□Yes					

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Debtor 1	Theresa A	A. Lefavber		Case nu	ımber (if known)		
4.5 3	Vells Fargo)	Last 4 digits of account numb	er		Unknown	
F	Nonpriority Creditor's Name PO Box 14529 Des Moines, IA 50306-3529		When was the debt incurred?				
N	lumber Street (City State Zip Code he debt? Check one.	As of the date you file, the clai	m is: Check	all that apply		
	Debtor 1 onl	V	☐ Contingent				
_	Debtor 2 onl	•	☐ Unliquidated				
	Debtor 1 and	•	☐ Disputed				
_		of the debtors and another	Type of NONPRIORITY unsecu	red claim:			
_		s claim is for a community	☐ Student loans				
d	lebt	bject to offset?	Obligations arising out of a sereport as priority claims	eparation agr	reement or divorce that you did not		
ı	No		☐ Debts to pension or profit-sha	aring plans, a	and other similar debts		
[☐Yes		Other. Specify				
Part 3:	List Others	s to Be Notified About a De	ebt That You Already Listed				
is trying have mo	to collect from	m you for a debt you owe to s	omeone else, list the original credito at you listed in Parts 1 or 2, list the a	r in Parts 1 o	dy listed in Parts 1 or 2. For example, if a or 2, then list the collection agency here. editors here. If you do not have additional	Similarly, if you	
Name and		- LLD	On which entry in Part 1 or Part 2 did you list the original creditor?				
Forster and Garbus LLP 60 Motor Parkway			Line 4.48 of (Check one):				
	ick, NY 117	25-5710	Last 4 digits of account number	■ Part 2: C	Creditors with Nonpriority Unsecured Claims		
Name and Address LVNV Funding LLC Attn: Bankruptcy			On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims				
POB 12 Greenv	69 ille, SC 296	02			, ,		
			Last 4 digits of account number				
Name and		1.0	On which entry in Part 1 or Part 2 did y		<u> </u>		
Midland Funding LLC 2365 Northside Dr. Ste 30			Line 4.29 of (Check one):				
	go, CA 921			Part 2: Creditors with Nonpriority Unsecured Claims			
			Last 4 digits of account number				
Name and Address Portfolio Recovery Associates 120 Corporate Blvd. Ste 1 Norfolk, VA 23502			On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.39 of (Check one): Part 1: Creditors with Priority Unsecured Claims				
				Part 2: C	Creditors with Nonpriority Unsecured Claims		
HOITOIR	, VA 23302		Last 4 digits of account number				
Part 4:	Add the Ar	mounts for Each Type of U	nsecured Claim				
	e amounts of unsecured cla		ims. This information is for statistica	al reporting	purposes only. 28 U.S.C. §159. Add the ar	nounts for each	
					Total Claim		
	6a. tal	Domestic support obligation	s	6a.	\$0.00_		
claii from Par			ts you owe the government	6b.	\$ 0.00		
	6c.		injury while you were intoxicated	6c.	\$ 0.00		
	6d.	Other. Add all other priority un	secured claims. Write that amount here	e. 6d.	\$ 0.00		
	6e.	Total Priority. Add lines 6a th	rough 6d.	6e.	\$		
					Total Claim		
	6f.	Student loans		6f.	\$ 0.00		
To	tal						

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Case number (if known) Debtor 1 Theresa A. Lefavber

1110	.	11 ECIUTBOI	()		-
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	29,006.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	29,006.00

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Fill in this infor	rmation to identify your	case:		
Debtor 1	Theresa A. Lefav	ber		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	SOUTHERN DISTRICT	OF NEW YORK	
Case number				☐ Check if this is
(4.12.11.)				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the c	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3	<u> </u>		<u> </u>		
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4	0.1.5		0.0.0	2.1. 0000	
2.4	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	- ity		Cidio		

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			Pa 39 ot 67		
Fill in th	is information to identify your	case:			
Debtor 1	Theresa A. Lefa	/her			
Dobto	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, t	iling) First Name	Middle Name	Last Name		
United S	tates Bankruptcy Court for the:	SOUTHERN DISTRICT	OF NEW YORK		
Case nur	mber				
(if known)				☐ Check if this is an amended filing	
Officia	al Form 106H				
Sche	dule H: Your Cod	lebtors		12/15	
1. Do □ No ■ Yo 2. W Arizo	es	f you are filing a joint case, o	do not list either spouse as a	(Community property states and territories include	
□ Ye	es. Did your spouse, former spo	ouse, or legal equivalent live	with you at the time?		
in lir Forn	ne 2 again as a codebtor only	if that person is a guarant	tor or cosigner. Make sure	your spouse is filing with you. List the person shown re you have listed the creditor on Schedule D (Official). Use Schedule D, Schedule E/F, or Schedule G to f	al
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:	
3.1	Lucille Lefavber 126 Rockwell Ave Middletown, NY 10940			■ Schedule D, line □ Schedule E/F, line □ Schedule G Chrysler Capital	

Schedule H: Your Codebtors

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Fill	in this information to identify you	r case:				1				
Del	otor 1 Theresa A	. Lefavber								
	otor 2				_					
Uni	ted States Bankruptcy Court for	he: SOUTHERN DISTRIC	CT OF NEW YORK							
	se number nown)		-				ended fil lement s	showin	g postpetition	
O	fficial Form 106I						D/ YYY		me ming date.	
S	chedule I: Your In	come					_,			12/15
sup spo atta	as complete and accurate as popular plying correct information. If you use. If you are separated and you a separate sheet to this formation. Describe Employme	ou are married and not fili our spouse is not filing w n. On the top of any additi	ng jointly, and your ith you, do not incl	spouse ude infor	is liv mati	ving with you, on about you	include spouse	inform e. If mo	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1			Deb	tor 2 or	non-fil	ling spouse	
	If you have more than one job,	Employment status	■ Employed				mploye	d		
	attach a separate page with information about additional employers.	Occupation	☐ Not employed			□ n	lot empl	oyed		
	Include part-time, seasonal, or self-employed work.	Employer's name	Unlimited Care	, Inc						
	Occupation may include studer or homemaker, if it applies.	employer's address	333 Westchest WG02 White Plains, N			10				
		How long employed t	here? 4 year	s						
Par	t 2: Give Details About N	lonthly Income								
	mate monthly income as of the use unless you are separated.	e date you file this form. If	you have nothing to	report for	any	line, write \$0 ir	the spa	ace. Inc	clude your noi	n-filing
•	u or your non-filing spouse have e space, attach a separate sheet		ombine the information	on for all e	empl	oyers for that p	erson o	n the lir	nes below. If y	you need
						For Debtor 1			otor 2 or ng spouse	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$	7,156.	00 \$;	N/A	
3.	Estimate and list monthly ov	ertime pay.		3.	+\$	0.	00_ +	.\$	N/A	
4.	Calculate gross Income. Add	I line 2 + line 3.		4.	\$	7,156.00	,	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

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,									
				For	Debtor 1		r Debtor 2		
•	Copy	/ line 4 here	4.	\$	7,156.00		n-filing sp	ouse N/A	1
					,	-			-
		all payroll deductions:	- -	æ	000.50	· C			
	ia. ib.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	· · · · · · · · · · · · · · · · · · ·	866.50 0.00	\$ \$		N/A N/A	
	ic.	Voluntary contributions for retirement plans	5c.	: —	0.00	φ_ \$		N/A	_
	id.	Required repayments of retirement fund loans	5d.	- : -	0.00	\$		N/A	_
	ie.	Insurance	5e.	_ : —	738.68	\$		N/A	_
5	if.	Domestic support obligations	5f.	\$	0.00	\$		N/A	
5	ig.	Union dues	5g.	\$	0.00	\$		N/A	-
5	ih.	Other deductions. Specify:	5h.	+ \$	0.00	+ \$ _		N/A	-
6. A	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,605.18	\$_		N/A	_
7. C	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	5,550.82	\$_		N/A	_
	ist a	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
_		monthly net income.	8a.		0.00	\$_		N/A	_
	Bb.	Interest and dividends	8b.	\$	0.00	\$_		N/A	-
C	BC.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		N/A	
۶	ßd.	Unemployment compensation	8d.		0.00	\$		N/A	
	se.	Social Security	8e.	- :	0.00	\$		N/A	_
	Bf. Bg.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g.	\$ \$	0.00	\$ \$		N/A N/A	_
	sh.	Other monthly income. Specify:	8h.	· -		+ \$		N/A	_
				<u> </u>		, i			- ¬
9. A	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$_		N/A	<u>\</u>
10. (Calci	ulate monthly income. Add line 7 + line 9.	10.	6 !	5,550.82 + \$		N/A =	= \$	5,550.82
		he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	,		1 7			-	- 0,000.02
11. S	State nclud other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. of include any amounts already included in lines 2-10 or amounts that are not a	depe	•	•	-			0.00
V		the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certaines					12.	\$	5,550.82
13. [o v	ou expect an increase or decrease within the year after you file this form	?						y income
	- <i>y</i> `	No.							

Official Form 106l Schedule I: Your Income page 2

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Filli	in this informat	tion to identify yo	our case:					
Debt	tor 1	Theresa A. L	.efavber			Chec	k if this is:	
						_	An amended filing	
Debt (Spc	ouse, if filing)						A supplement show 13 expenses as of t	ring postpetition chapter the following date:
11-16	! Ot-t D!		· COLITI		VODK	_	MM / DD / WWW	
Unite	ed States Bankri	uptcy Court for the	50016	IERN DISTRICT OF NEW	YURK		MM / DD / YYYY	
	e number nown)							
 Of	ficial Fo	rm 106J				I		
		J: Your I	Evnor	1606				12/15
Be a info nun	as complete a ormation. If me nber (if know	and accurate as ore space is ne n). Answer ever	possible eded, atta y questio	. If two married people a ich another sheet to this				r supplying correct
Part 1.	Is this a join	ibe Your House	hold					
•	No. Go to							
			in a separ	ate household?				
	□ No	0						
	☐ Ye	es. Debtor 2 mus	st file Offici	al Form 106J-2, Expense	s for Separate House	ehold of Debt	or 2.	
2.	Do you have	e dependents?	□ No					
	Do not list De Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents i	names.			Son			Yes
					Doughtor			□ No
					Daughter			■ Yes □ No
								☐ Yes
								□ No
								☐ Yes
3.	expenses of yourself and	enses include f people other the d your depende	han nts? □	No Yes				
Part		ate Your Ongoi		ly Expenses uptcy filing date unless y	you are using this fo	orm as a su	pplement in a Cha	pter 13 case to report
ехр				y is filed. If this is a sup				
				government assistance cluded it on Schedule I:			.,	
(Off	icial Form 10	6I.)					Your expe	enses
4.		r home owners d any rent for the		ses for your residence.	Include first mortgag	e 4. \$		1,900.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a. \$		0.00
		rty, homeowner's				4b. \$		0.00
				upkeep expenses		4c. \$		0.00
5.		owner's associat nortgage payme		oominium dues our residence, such as ho	ome equity loans	4d. \$ 5. \$		0.00 0.00

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Debtor 1 Theresa A. Lefavber		Case num	ber (if known)	
6. Utilities:				
6a. Electricity, heat, natural gas		6a.	\$	975.00
6b. Water, sewer, garbage collection		6b.	\$	0.00
6c. Telephone, cell phone, Internet, satellit	e and cable services	6c.	·	440.00
6d. Other. Specify:	o, and casic convices	6d.	·	0.00
Food and housekeeping supplies		7.	·	950.00
Childcare and children's education costs		7. 8.	\$	30.00
		9.	\$	0.00
Clothing, laundry, and dry cleaning Description: Clothing, laundry, and dry cleaning Clothing, laundry, and dry cleaning		9. 10.	· —	
•			•	15.00
Medical and dental expenses	up or train force	11.	\$	0.00
Transportation. Include gas, maintenance, b Do not include car payments.	ous or train fare.	12.	\$	120.00
B. Entertainment, clubs, recreation, newspap	ers magazines and books	13.	·	0.00
4. Charitable contributions and religious don		14.	•	0.00
5. Insurance.	ations	14.	Ψ	0.00
Do not include insurance deducted from your	nay or included in lines 4 or 20			
15a. Life insurance	pay of moladed in inies 4 of 20.	15a.	\$	0.00
15b. Health insurance		15b.	•	0.00
15c. Vehicle insurance		15c.	·	350.00
15d. Other insurance. Specify:		15d.		0.00
6. Taxes. Do not include taxes deducted from your	our pay or included in lines 4 or 20		Ψ	0.00
Specify:	our pay or included in lines 4 or 20.	16.	\$	0.00
7. Installment or lease payments:			·	0.00
17a. Car payments for Vehicle 1		17a.	\$	764.00
17b. Car payments for Vehicle 2		17b.	\$	0.00
17c. Other. Specify:		17c.	\$	0.00
17d. Other. Specify:		17d.	·	0.00
3. Your payments of alimony, maintenance, a	and support that you did not report as			
deducted from your pay on line 5, Schedul		18.	\$	0.00
9. Other payments you make to support othe			\$	0.00
Specify:		19.		
). Other real property expenses not included	in lines 4 or 5 of this form or on Sche	edule I: Yo	our Income.	
20a. Mortgages on other property		20a.	\$	0.00
20b. Real estate taxes		20b.	\$	0.00
20c. Property, homeowner's, or renter's insu	ırance	20c.	\$	0.00
20d. Maintenance, repair, and upkeep exper	nses	20d.	\$	0.00
20e. Homeowner's association or condomini	ium dues	20e.	\$	0.00
Other: Specify:		21.	+\$	0.00
· · · · · · · · · · · · · · · · · · ·				
2. Calculate your monthly expenses				
22a. Add lines 4 through 21.			\$	5,544.00
22b. Copy line 22 (monthly expenses for Deb	tor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22a and 22b. The result is your	monthly expenses.		\$	5,544.00
				<u> </u>
3. Calculate your monthly net income.	naama) from Cahadula I	00*	¢	F FF0 00
23a. Copy line 12 (your combined monthly in	•	23a.		5,550.82
23b. Copy your monthly expenses from line	22c above.	23b.	-\$	5,544.00
220 Cubtract your monthly avanges from	rour monthly income			
23c. Subtract your monthly expenses from y The result is your monthly net income.	our montnly income.	23c.	\$	6.82
The result is your monthly her income.		200.	ļ <u>.</u>	
4. Do you expect an increase or decrease in	your expenses within the vear after vo	ou file this	form?	
For example, do you expect to finish paying for your				e or decrease because α
modification to the terms of your mortgage?	,			
■ No.				
☐ Yes. Explain here:				

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Fill in this	informa	tion to identify your	case:				
Debtor 1		Theresa A. Lefavi	per				
		First Name	Middle Name	Las	t Name		
Debtor 2 (Spouse if, filing	na)	First Name	Middle Name	Las	t Name		
United Sta	ites Bank	ruptcy Court for the:	SOUTHERN DISTRICT (JF NEW Y	JKK		
Case num	ber						
(if known)							Check if this is an
							amended filing
Official	Form	106Dec					
Decla	aratio	on About a	n Individual	Debto	or's Sche	dules	12/15
D 00.0	ai a ci c	JII / (DOGL G	- IIIaiviaaai		51 0 00110	uuioo	12/13
If two marr	ried peop	ole are filing together	, both are equally respon	sible for s	upplying correct i	nformation.	
Vall muct f	fila thia f	orm whonover you fi	a bankruntay aabadulaa	or amanda	d cobodulos Mak	ing a falsa atat	ement, concealing property, or
							00, or imprisonment for up to 20
years, or b	oth. 18 L	J.S.C. §§ 152, 1341, 1	519, and 3571.			•	
	Sign B	Below					
	0.9						
Did y	ou pay o	or agree to pay some	one who is NOT an attorn	ey to help	you fill out bankr	uptcy forms?	
	No						
	Yes. Nar	me of person					nkruptcy Petition Preparer's Notice,
						Declaratioi	n, and Signature (Official Form 119)
			that I have read the summ	nary and s	chedules filed with	h this declarati	on and
tnat tr	ney are tr	rue and correct.					
X /s	s/ There	sa A. Lefavber		X			
		A. Lefavber		_	Signature of Debto	or 2	
Si	ignature o	of Debtor 1					
D	ate Ap	ril 19, 2019			Date		

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-HI	in this inform	action to identify you	r 00001			
		nation to identify you	_			
De	btor 1	Theresa A. Lefa	Middle Name	Last Name		
	btor 2 buse if, filing)	First Name	Middle Name	Last Name		
Uni	ited States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT (OF NEW YORK		
	se number				_	Check if this is an amended filing
Sta Be a info	as complete a	of Financial	attach a separate sheet to	are filing together, both are	ankruptcy equally responsible for sup additional pages, write you	
			arital Status and Where You	Lived Before		
1.	What is your	current marital statu	ıs?			
	☐ Married ■ Not mar	ried				
2.	During the la	ıst 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. stat					ity property state or territor co, Texas, Washington and V	
	■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Pai	tt 2 Explain	n the Sources of You	r Income			
4.	Fill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$28,838.85	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Pa 46 of 67 Case number (if known) Debtor 1 Theresa A. Lefavber Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$47,815.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2018) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$77,425.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No.

Creditor's Name and Address Amount you Dates of payment **Total amount** Was this payment for ... still owe paid

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Go to line 7.

attorney for this bankruptcy case.

☐ Yes

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Debtor 1	Theresa A. Lefavber	- F g 47	Ca	ase number (if known)		
<i>Insid</i> of w	nin 1 year before you filed for bankrup ders include your relatives; any general p hich you are an officer, director, person ir siness you operate as a sole proprietor.	artners; relatives of any ger n control, or owner of 20% o	eral partners; parti r more of their voti	nerships of which yo ng securities; and ar	u are a general p ny managing age	artner; corporations nt, including one fo
alim	ony.					
	No Yes. List all payments to an insider.					
Ins	ider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for thi	is payment
insi	nin 1 year before you filed for bankrupt der? ude payments on debts guaranteed or co		ments or transfer	any property on a	count of a debt	that benefited an
-	No					
	Yes. List all payments to an insider					
Ins	ider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for thi	
Part 4:	Identify Legal Actions, Repossessio	no and Faraelasuras				
ant T	identity Legal Actions, Repossessio	nis, and i orcciosures				
List	nin 1 year before you filed for bankrupt all such matters, including personal injury ifications, and contract disputes.					
_	No					
	Yes. Fill in the details.					
	se title	Nature of the case	Court or agenc	у	Status of the o	case
10. With	nin 1 year before you filed for bankrup		erty repossessed,	, foreclosed, garnis	hed, attached, s	seized, or levied?
Che	ck all that apply and fill in the details belo	W.				
	No. Go to line 11.					
	Yes. Fill in the information below.					
Cre	editor Name and Address	Describe the Property		Date		Value of the
		Explain what happened	1			property
	Bank	Wages				Unknown
	n: Bankruptcy B 1377	☐ Property was reposse	hassa			
_	wiston, ME 04243-1377	☐ Property was foreclos				
	,	■ Property was garnish				
		☐ Property was attache				
				•		
	nin 90 days before you filed for bankru ounts or refuse to make a payment bed No		luding a bank or f	financial institution	, set off any amo	ounts from your
	Yes. Fill in the details.					
Cre	editor Name and Address	Describe the action the	creditor took	Date :	action was	Amount
	nin 1 year before you filed for bankrup rt-appointed receiver, a custodian, or a		erty in the posses	sion of an assigne	e for the benefit	of creditors, a
	••					

☐ Yes

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Del	btor 1 Theresa A. Lefavber	Pg 48 of 67 Case number		Jument					
Par	rt 5: List Certain Gifts and Contribution	s							
				_					
13.	Within 2 years before you filed for bankr	uptcy, did you give any gifts with a total value of more t	han \$600 per person	?					
	Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$60 per person	0 Describe the gifts	Dates you gave the gifts	Value					
	Person to Whom You Gave the Gift and Address:								
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No								
	Yes. Fill in the details for each gift or c		Detec you	Volus					
	more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	Charity's Name							
Do	<u> </u>								
Pal	rt 6: List Certain Losses								
15.	Within 1 year before you filed for bankru or gambling?	ptcy or since you filed for bankruptcy, did you lose any	thing because of the	t, fire, other disaste					
	■ No								
	Yes. Fill in the details.								
	Describe the property you lost and	Describe any insurance coverage for the loss	Date of your	Value of property					
	how the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	loss	los					
Pai	rt 7: List Certain Payments or Transfers	S							
16.	consulted about seeking bankruptcy or	ptcy, did you or anyone else acting on your behalf pay or preparing a bankruptcy petition? preparers, or credit counseling agencies for services required.		rty to anyone you					
	□ No								
	Yes. Fill in the details.								
	Person Who Was Paid	Description and value of any property	Date payment	Amount of					
	Address	transferred	or transfer was	payment					
	Email or website address Person Who Made the Payment, if Not Y	ou .	made						
	Selby Legal	Attorney Fees	4/19/19	\$1,060.00					
	243 Main St. Suite 250								
	New Paltz, NY 12561 selbylegal@gmail.com								
17.		ptcy, did you or anyone else acting on your behalf pay	or transfer any prope	rty to anyone who					
	Do not include any payment or transfer that	ditors or to make payments to your creditors? you listed on line 16.							
	_								
	No								

Yes. Fill in the details.

Person Who Was Paid Description and value of any property Date payment transferred or transfer was Address made

Amount of

payment

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Debtor 1 Theresa A. Lefavber

Case number (if known)

18.	Within 2 years before you filed for bankruptor transferred in the ordinary course of your burnclude both outright transfers and transfers mainclude gifts and transfers that you have already No Yes. Fill in the details.	usiness or financial affa ide as security (such as t	airs? the granting of a			
	Person Who Received Transfer Address Person's relationship to you	Description and v property transfer		payme	ibe any property or ents received or debts n exchange	Date transfer was made
19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-production No ☐ Yes. Fill in the details.		y property to a	self-settle	d trust or similar device	of which you are a
	Name of trust	Description and v	alue of the prop	perty trans	ferred	Date Transfer was made
Pai	rt 8: List of Certain Financial Accounts, Ins	truments, Safe Deposit	t Boxes, and Sto	orage Unit	s	
20.	 Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerag houses, pension funds, cooperatives, associations, and other financial institutions. No Yes, Fill in the details. 					, ,
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accounts instrument	int or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?	rear before you filed for	bankruptcy, an	ıy safe dep	osit box or other depos	itory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit o	r place other than your	home within 1	year befor	e you filed for bankrupto	cy?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
Pa	rt 9: Identify Property You Hold or Control f	for Someone Else				
23.	Do you hold or control any property that son for someone.	meone else owns? Inclu	ude any propert	y you borr	owed from, are storing f	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value
Pa	rt 10: Give Details About Environmental Info	rmation				
For	the nurnose of Part 10, the following definition	ns anniv				

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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 $toxic\ substances,\ wastes,\ or\ material\ into\ the\ air,\ land,\ soil,\ surface\ water,\ groundwater,\ or\ other\ medium,\ including\ statutes\ other\ other\$

Debtor 1 Theresa A. Lefavber

Case number (if known)

	reg	liations controlling the cleanup of thes	e Sub	istances, wastes, or material.			
		means any location, facility, or proper wn, operate, or utilize it, including disp	-		aw,	, whether you now own, operate,	or utilize it or used
		<i>ardous material</i> means anything an en [,] ardous material, pollutant, contaminan			wa	aste, hazardous substance, toxic	substance,
Rep	ort a	II notices, releases, and proceedings th	nat yo	u know about, regardless of when	the	ey occurred.	
24.	Has	any governmental unit notified you that	at you	may be liable or potentially liable	un	der or in violation of an environm	ental law?
		No Yes. Fill in the details.					
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	t	Environmental law, if you know it	Date of notice
25.	Hav	e you notified any governmental unit o	f any	release of hazardous material?			
		No Yes. Fill in the details.					
		me of site dress (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice
26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.					and orders.		
	■ No						
		Yes. Fill in the details.					
		se Title se Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case
Par	t 11:	Give Details About Your Business or	Con	nections to Any Business			
27.	Wit	nin 4 years before you filed for bankrup	tcy, d	lid you own a business or have an	y o	f the following connections to an	y business?
		lacksquare A sole proprietor or self-employed	in a t	rade, profession, or other activity,	eith	her full-time or part-time	
		☐ A member of a limited liability com	pany	(LLC) or limited liability partnershi	ip (l	LLP)	
		☐ A partner in a partnership					
		☐ An officer, director, or managing ex	xecuti	ive of a corporation			
		☐ An owner of at least 5% of the votil	ng or	equity securities of a corporation			
		No. None of the above applies. Go to	Part 1	12.			
		Yes. Check all that apply above and fi	ll in th	ne details below for each business	i.		
		siness Name dress	Des	scribe the nature of the business		Employer Identification number Do not include Social Security	
	(Nu	nber, Street, City, State and ZIP Code)	Naı	me of accountant or bookkeeper		Dates business existed	
28.		nin 2 years before you filed for bankrup itutions, creditors, or other parties.	otcy, d	lid you give a financial statement t	o a	nyone about your business? Incl	ude all financial
		No					
		Yes. Fill in the details below.	_				
		me dress nber, Street, City, State and ZIP Code)	Dat	e Issued			

Part 12: Sign Below

I have read the answers on this *Statement* of *Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Theresa A. Lefavber

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Theresa A. Lefavber

Theresa A. Lefavber

Signature of Debtor 2

Signature of Debtor 1

Date April 19, 2019

Date

No

Yes

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this infor	mation to identify you	case:				
Debtor 1	Theresa A. Lefay	/ber				
	First Name	Middle Name		Last Name	-	
Debtor 2 (Spouse if, filing)	First Name	Middle Name		Last Name	-	
United States Ba	ankruptcy Court for the:	SOUTHERN DIST	IRICI OF NE	WYORK	-	
Case number _						☐ Check if this is an amended filing
	nt of Intention			Filing Under Cha	pter 7	12/15
	ividual filing under ch	-	I out this for	n if:		
_	e claims secured by your sed personal property		ot expired			
You must file thi	is form with the court ever is earlier, unless t	within 30 days after	you file your	bankruptcy petition or by the da use. You must also send copies		
	eople are filing togethend date the form.	er in a joint case, bo	th are equall	y responsible for supplying corre	ect informat	tion. Both debtors must
	and accurate as possi our name and case nu		s needed, atta	ach a separate sheet to this form	. On the top	of any additional pages,
Part 1: List Y	our Creditors Who Ha	ve Secured Claims				
	ors that you listed in F		: Creditors W	/ho Have Claims Secured by Pro	perty (Offic	ial Form 106D), fill in the
	editor and the property	that is collateral	What do you secures a	ou intend to do with the property debt?		Did you claim the property as exempt on Schedule C?
Creditor's C	Chrysler Capital			er the property. the property and redeem it.		No
Description of	2019 Jeep Cherol	ree 12000		he property and enter into a	Ī	☐ Yes
property securing debt:	miles			mation Agreement. he property and [explain]:		
Ū						
For any unexpire in the information	on below. Do not list re	ease that you listed al estate leases. Un	expired lease	G: Executory Contracts and Une es are leases that are still in effectes not assume it. 11 U.S.C. § 36	ct; the lease	ses (Official Form 106G), fill period has not yet ended.
Describe your u	unexpired personal pro	pperty leases			Will t	he lease be assumed?
		. ,				
Lessor's name: Description of lea	ased				□ N	0
Property:					☐ Ye	es
Lessor's name:					□ N	0
Description of lea Property:	ased				□ Ye	es
Lessor's name:					□ N	0
Official Form 108		Statement of In	tention for In	dividuals Filing Under Chapter 7	,	page

Statement of Intention for Individuals Filing Under Chapter 7

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De	btor 1	Theresa A. Lefavber	Case number (if known)	
D -		af lanear		
	scription operty:	of leased		☐ Yes
	ssor's na			□ No
	scription operty:	of leased		☐ Yes
	ssor's na	me: of leased		□ No
	pperty:	or reased		☐ Yes
	ssor's na			□ No
	scription operty:	of leased		☐ Yes
	ssor's na			□ No
	scription operty:	of leased		☐ Yes
Pa	rt 3: S	ign Below		
		lty of perjury, I declare that I have at is subject to an unexpired lease	ndicated my intention about any property of my estate that see	cures a debt and any personal
Χ	/s/ Th	eresa A. Lefavber	x	
		esa A. Lefavber	Signature of Debtor 2	
	Signat	ure of Debtor 1		
	Date	April 19, 2019	Date	

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Fill in th	in information to identify your again					
	is information to identify your case:			one box only as o 1Supp:	lirected in this form and	in Form
Debtor '	Theresa A. Lefavber			<u>'''</u>		
Debtor 2 (Spouse, it				. There is no pres	sumption of abuse	
	States Bankruptcy Court for the: Southern District	of New York			to determine if a presur	•
		<u> </u>			nade under <i>Chapter 7 l</i> ïcial Form 122A-2).	Means Test
Case nu (if known)	ımber			,	does not apply now be	ncause of
					y service but it could ap	
				Check if this is a	n amended filing	
Offici	al Form 122A - 1					
Chap	oter 7 Statement of Your Cu	rrent Monthly	y Incoi	me		12/15
attach a s case num	replete and accurate as possible. If two married people separate sheet to this form. Include the line number to ober (if known). If you believe that you are exempted from military service, complete and file Statement of Exemple Calculate Your Current Monthly Income	which the additional infor om a presumption of abus	mation appl se because y	ies. On the top of a rou do not have pri	ny additional pages, writ marily consumer debts o	e your name and r because of
	nat is your marital and filing status? Check one of	only.				
	Not married. Fill out Column A, lines 2-11.					
_	Married and your spouse is filing with you. Fill of			1.		
	Married and your spouse is NOT filing with you					
	☐ Living in the same household and are not leg			,		
	Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evad	legally separated under	nonbankru	ptcy law that appli	es or that you and your	
101(10 the 6 i	the average monthly income that you received from al 0A). For example, if you are filing on September 15, the 6- months, add the income for all 6 months and divide the total es own the same rental property, put the income from that	month period would be Mar al by 6. Fill in the result. Do	ch 1 through a	August 31. If the amount m	ount of your monthly incom nore than once. For examp	ne varied during le, if both
				olumn A Obtor 1	Column B Debtor 2 or non-filing spouse	
	ur gross wages, salary, tips, bonuses, overtime yroll deductions).	, and commissions (be	efore all	6,689.06	\$	
	mony and maintenance payments. Do not includ lumn B is filled in.	e payments from a spou	se if \$	0.00	\$	
of fro and	amounts from any source which are regularly pyou or your dependents, including child supporm an unmarried partner, members of your househod roommates. Include regular contributions from a sed in. Do not include payments you listed on line 3.	t. Include regular contrib ld, your dependents, par	outions rents,	0.00	\$	
5. Ne	t income from operating a business, profession	•				
0	and the first of the form of the short and	Debtor 1 \$ 0.00				
	oss receipts (before all deductions)	-\$ 0.00				
	dinary and necessary operating expenses t monthly income from a business, profession, or fa		here -> \$	0.00	\$	
İ	t income from rental and other real property	copy	_		*	
0. 140		Debtor 1				
Gre	oss receipts (before all deductions)	\$ 0.00				
Or	dinary and necessary operating expenses	-\$ 0.00				
Ne	t monthly income from rental or other real property	\$ <u>0.00</u> Copy	here -> \$ _	0.00	\$	
7 Int	aract dividands and ravaltics		\$	0.00	\$	

Official Form 122A-1

7. Interest, dividends, and royalties

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Debtor 1 Theresa A. Lefavber Case number (if known)

				Column A Debtor 1		Column B Debtor 2 or non-filing s	
8.	Unemployment compensation			\$	0.00	\$	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	received was a bene	fit under				
	For you \$ For your spouse \$	0.	00				
	For your spouse \$						
	Pension or retirement income. Do not include any ambenefit under the Social Security Act.			\$	0.00	\$	
10.	Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hun domestic terrorism. If necessary, list other sources on a total below.	security Act or paymer nanity, or internationa separate page and p	nts I or	\$	0.00	\$	
				\$	0.00	\$	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	
11.	Calculate your total current monthly income. Add lin each column. Then add the total for Column A to the tot		\$	6,689.06	+		\$6,689.06
							Total current monthly income
Part	2: Determine Whether the Means Test Applies to	o You					
12.	Calculate your current monthly income for the year.	Follow these steps:					
	12a. Copy your total current monthly income from line 1	1		Сору	line 11 h	nere=>	\$6,689.06_
	Multiply by 12 (the number of months in a year)						x 12
	12b. The result is your annual income for this part of the	e form				12b.	\$8 <u>0,268.72</u>
13.	Calculate the median family income that applies to y	you. Follow these step	os:				
	Fill in the state in which you live.	NY					
	Fill in the number of people in your household.	3					
	Fill in the median family income for your state and size of the find a list of applicable median income amounts, go for this form. This list may also be available at the banks	online using the link s		in the separa			\$83,887.00
14.	How do the lines compare?						
	14a. Line 12b is less than or equal to line 13. Or Go to Part 3.	n the top of page 1, ch	neck box	1, There is n	o presum	ption of abuse	e.
	14b. Line 12b is more than line 13. On the top o Go to Part 3 and fill out Form 122A-2.	f page 1, check box 2	, The pr	esumption of	abuse is	determined by	/ Form 122A-2.
Part	3: Sign Below						
	By signing here, I declare under penalty of perjury	that the information o	n this sta	atement and i	n any atta	achments is tr	ue and correct.
	X /s/ Theresa A. Lefavber						
	Theresa A. Lefavber						
	Signature of Debtor 1						
	Date April 19, 2019 MM / DD / YYYY						
	If you checked line 14a, do NOT fill out or file Form	n 122A-2.					
	If you checked line 14b, fill out Form 122A-2 and fi	le it with this form.					

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

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Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. 19-35642-cgm Doc 1 Filed 04/22/19 Entered 04/22/19 16:51:27 Main Document Pg 60 of 67

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of New York

In re	Theresa A. Lefavber	Case I		
	Debtor(s)	Chapt	er <u>7</u>	
	DISCLOSURE OF COMPENSATION OF	ATTORNEY FOR	DEBTOR(S)	
(Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am compensation paid to me within one year before the filing of the petition in be be rendered on behalf of the debtor(s) in contemplation of or in connection w	ankruptcy, or agreed to be p	paid to me, for services rendered or	to
	For legal services, I have agreed to accept	\$	1,060.00	
	Prior to the filing of this statement I have received	\$	1,060.00	
	Balance Due	\$	0.00	
2. 5	\$_335.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed compensation with any oth	ner person unless they are n	nembers and associates of my law f	irm.
	☐ I have agreed to share the above-disclosed compensation with a person of copy of the agreement, together with a list of the names of the people share.			A
6.	In return for the above-disclosed fee, I have agreed to render legal service for	all aspects of the bankrupt	cy case, including:	
ŀ	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor. b. Preparation and filing of any petition, schedules, statement of affairs and period of the debtor at the meeting of creditors and confirmation of the debtor at the meeting of creditors and confirmation. d. [Other provisions as needed] Negotiations with secured creditors to reduce to market with mitigation or mortgage modification); exemption planning applications as needed; preparation and filing of motions on household goods. 	plan which may be required hearing, and any adjourned value (except for repres g; preparation and filing	hearings thereof; entation of the debtor(s) in los of reaffirmation agreements	and
7. 1	By agreement with the debtor(s), the above-disclosed fee does not include the Representation of the debtors in any dischargeability action any other adversary proceeding. Fees further do not include representation regarding the avoidance of judicial liens of	ons, judicial lien avoidance representation of de	ebtors in Loss Mitigation or	or
	CERTIFICATIO	N		
	I certify that the foregoing is a complete statement of any agreement or arrang bankruptcy proceeding.	gement for payment to me	for representation of the debtor(s) in	1
Α	pril 19, 2019 /s/ Georg	ge C. Selby		ny law firm. of firm. A ptcy; s) in loss ments and of liens actions or n or erty.
\overline{D}	George Signature	_		
	Selby Le			
		n St. Suite 250 tz, NY 12561		
	845-419-	3383 Fax: 845-419-338	3	
	selbyleg Name of l	al@gmail.com		
	Name of t	un juni		

United States Bankruptcy Court Southern District of New York

		Southern District of New York		
e	Theresa A. Lefavber		Case No.	
		Debtor(s)	Chapter	7
	VERI	FICATION OF CREDITOR	MATRIX	
ab	ove-named Debtor hereby verifies th	nat the attached list of creditors is true and o	correct to the best	of his/her knowledge.
te:	April 19, 2019	/s/ Theresa A. Lefavber		
		Theresa A. Lefavber		

Signature of Debtor

ALLTRAN FINANCIAL LP ATTN: BANKRUPTCY 200 14TH AVE. EAST SARTELL, MN 56377

BANK OF AMERICA ATTN: BANKRUPTCY DEPT. P.O. BOX 9000 GETZVILLE, NY 14068-9000

BIOREFERENCE LABS PO BOX 21134 NEW YORK, NY 10087-1134

CAPITAL ONE 1500 CAPITAL ONE DR RICHMOND, VA 23236

CENTRAL HUDSON ATTN: BANKRUTPCY 284 SOUTH AVENUE POUGHKEEPSIE, NY 12601

CHRYSLER CAPITAL ATTN: BANKRUPTCY POB 961275 FORT WORTH, TX 76161

CITIZENS BANK POB 7000 PROVIDENCE, RI 02940

COLLECTION BUREAU OF HV ATTN: BANKRUPTCY 155 NORTH PLANK RD. NEWBURGH, NY 12550

COMENITY BANK
ONE RIGHTER PKWY SUITE 100
WILMINGTON, DE 19803

COMENITY/ABCR&FCH POB 182789 COLUMBUS, OH 43218 COMENITYCAPITAL/GAME POB 182120 COLUMBUS, OH 43218

COMMONWEALTH FINANCIAL 245 MAIN ST. DICKSON CITY, PA 18519

CREDIT COLLECTION SERVICES 725 CANTON ST. NORWOOD, MA 02062

CREDIT ONE BANK
PO BOX 60500
CITY OF INDUSTRY, CA 91716-0500

CRYSTAL RUN MEDICAL SERVICESPC 236 CRYSTAL RUN ROAD MIDDLETOWN, NY 10941-4061

DIVERSIFIED CONSULATANTS INC 10550 DEERWOOD BLVD STE. 309 JACKSONVILLE, FL 32256

FIRST NATL CREDIT CA 500 E 60TH ST. N SIOUX FALLS, SD 57104

FIRST PREMIER BANK 3820 N LOUISE AVE. SIOUX FALLS, SD 57107

FORSTER AND GARBUS LLP 60 MOTOR PARKWAY COMMACK, NY 11725-5710

HSBC BANK USA, NA POB 9 BUFFALO, NY 14240

ICSYSTEM
444 HIGHWAY96 EAST
SAINT PAUL, MN 55164-0378

INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPS P.O. BOX 7346 PHILADELPHIA, PA 19101-7346

KAY JEWLERS 375 GHENT RD AKRON, OH 44333

KEYBANK ATTN: BANKRUPTCY POB 94955 CLEVELAND, OH 44101-4955

KOHLS ATTN: BANKRUPTCY POB 3115 MILWAUKEE, WI 53201

LUCILLE LEFAVBER 126 ROCKWELL AVE MIDDLETOWN, NY 10940

LVNV FUNDING LLC 200 MEETING STREET, STE #206 GREENVILLE, SC 29601

LVNV FUNDING LLC ATTN: BANKRUPTCY POB 1269 GREENVILLE, SC 29602

MID AMERICA BANK 502 E MAIN ST LINN, MO 65051

MIDHUDSON VALLEY FCU PO BOX 1429 KINGSTON, NY 12401

MIDLAND CREDIT ATTN: BANKRUPTCY POB 340 WAITE PARK, MN 56387-0340 MIDLAND CREDIT MGMT. INC 2365 NORTHSIDE DR. STE 300 SAN DIEGO, CA 92108

MIDLAND FUNDING LLC POB 2001 WARREN, MI 48090

MIDLAND FUNDING LLC 2365 NORTHSIDE DR. STE 30 SAN DIEGO, CA 92108

MILESTONE CREDIT CARD GENESIS FS CARD SERVICES POB 84059 COLUMBUS, GA 31908-4059

ML ZAGER PC 461 BROADWAY MONTICELLO, NY 12701

NATIONS RECOVERY SOLUTION POB 322 LOCKPORT, NY 14095-0322

NYS DEPT. TAXATION & FINANCE P.O. BOX 5300 ALBANY, NY 12205-0300

NYS THRUWAY VIOLATIONS PROCESSING CENTER POB 15186 ALBANY, NY 12212-5186

NYS THRUWAY AUTHORITY C/O LINEBARGER GOGGAN LLP 61 BROADWAY SUITE 2600 NEW YORK, NY 10006

ORANGE REGIONAL MEDICAL CENTER 707 E MAIN ST MIDDLETOWN, NY 10940

PORT AUTHORITY NY&NJ
PAYMENT PROCESSING CENTER
POB 15183
ALBANY, NY 12212-5183

PORTFOLIO RECOVERY ASSOCIATES POB 12914 NORFOLK, VA 23541

PORTFOLIO RECOVERY ASSOCIATES 120 CORPORATE BLVD. STE 1 NORFOLK, VA 23502

PROGESSIVE LEASING 256 WEST DATA DR DRAPER, UT 84020

SOUTHWEST CREDIT 4120 INTERNATIONALPKWYSTE1100 CARROLLTON, TX 75007-4006

SPECTRUM TIME WARNER ATTN: BANKRUPTCY 4145 S. FALKENBURG RD. RIVERVIEW, FL 33578-8652

SPRINT 6200 SPRINT PARKWAY OVERLAND PARK, KS 66251

ST LUKE'S CORNWALL HOSPITAL 70 DUBOIS ST.
NEWBURGH, NY 12550

SURGE CARD POB 3220 BUFFALO, NY 14240-3220

SYNCHRONY BANK ATTN: BANKRUPTCY PO BOX 965004 ORLANDO, FL 32896-5004 SYNCHRONY BANK/AMAZON POB 965015 ORLANDO, FL 32896

TD BANK
ATTN: BANKRUPTCY
2 GREAT OAK LN
PLEASANTVILLE, NY 10570

THE BANK OF MISSOURI POB 4499
BEAVERTON, OR 97076

TOTAL VISA/MIDAMERICA BANK POB 85710 SIOUX FALLS, SD 57118-5710

TRANSWORLD SYSTEMS, INC 5626 FRANTZ RD. DUBLIN, OH 43017

VERIZON 140 WEST ST. NEW YORK, NY 10013

WELLS FARGO
PO BOX 14529
DES MOINES, IA 50306-3529